

Board Representative:

South Dakota Board of Nursing

South Dakota Department of Health

4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115

(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing 2 0 2012

Tansed Assistive Personnel

**Tansed Assistive Personn

Medication Administration Training Program for Unlicensed Assistive Personnel Application for Curriculum Change for an Approved Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to:

board of Nursing, 4305 S. Louise Ave., Suite	201; Sloux	(Falls, South Da	kota 57106-3115	
Name of Institution: Pierre School	ol Dis	trict 32.	9	
Name of Primary Instructor: Jeri Wie	be RN			
Address: 1010 E. Broadway	, , , , , , ,			
Pierre, 50 57501				
Phone Number: <u>1606</u> - 773 · 7350		Fax Numbe	r: 605-773	- 7357
E-mail Address of Faculty: jeri. Wiek	e e Kli			
 Request to use the following approved cu selected curriculum. Each program is ex 	ırriculum(s) xpected to re	; submit a compl etain program reco	eted Curriculum Applic ords using the Enrolled	ation Form for each Student Log form.
☐ 2011 SD Community Mental Health Facil	lities (only ap	proved for agencies	certified through the Dep	artment of Social Services)
Mosby's Texbook for Medication Assistan	<u>nts</u> , Sorrentir	no & Remmert (20	09)	
☐ Nebraska Health Care Association (2010) (NHÇA)			
☐ We Care Online				
List faculty and licensure information: Facilinical RN experience.		<u>, 1888 - 1896 - 1896 - 1</u>	RN-LICENSE	
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verification (Completed by SDBON)
Jeri Wiebe	SD	M- 9026470	3-9-D - 3-8-14	ou un
Shannon Bieber	50	RN-R024697		ox am
Kelly Wheelhouse	SD	PN- 8035 281	9-29-13	oran
RN Faculty Signature:	uebe		Date: <u> </u>	1/20/2012
This section to be completed by the South D	akota Boar	d of Nursing		
Date Application Received: 04/20/2012		Date Notice Sent to Institution:		
Date Application Approved: 04/23/2012		Date Application Denied:		
Expiration Date of Approval: 04/30/2014		Reason:		